



Editorial

Norman Goldstein MD
Editor, Hawaii Medical Journal

Latex Issue

This month we have two excellent manuscripts by authorities on the natural rubber allergy problem, Carl Lehman MD and John McDonnell MD. Attorneys Gary Galiher and Richard DeRobertis review some of the legal aspects of this growing medical problem. This is an issue that should be of interest to all physicians and other health providers.

Hand Eczema in a Nurse

I recently received this Letter to the Editor:

Dear Dr. Goldstein:

I have had a great deal of problems with hand eczema over the years. As an OR night nurse (and wife of a physician), I have used many different types of creams, ointments, and gloves, and I still have problems. I understand this is a very common problem in physicians' wives - too many samples available?

Because you are one of the senior dermatologists in Hawaii, I know you must have many patients with similar problems. I write to you so you might offer advice, not just to me but the other nurses, physicians' wives, and others afflicted with hand eczema.

Sincerely yours,

X, R.N. (Name withheld upon request)

Dear Nurse X:

The Journal usually does not print anonymous letters, but in your case we will, and are happy to do so.

Yes, hand eczema is a very common problem in my practice. In fact, when I was doing the "Doctor Is In" TV news program with George "Granny Goose" Groves, hand eczema was the second most frequent complaint, after acne, that viewers called-in to cure.

Hand eczema is a multi-faceted problem. Primary irritants include soaps and detergents, especially for individuals with atopic personal and family histories.

Allergic contact dermatitis may be caused by many creams and lotions that contain preservatives, perfumes and other inert substances that can produce a true allergic reaction. Allergy patch tests with the TRUE Test or similar kits can elicit the cause of this type of dermatitis.

Dyshidrosis or pompholyx is a sweat-retention, blistering condition of the hands and, in some people, the feet as well. Since heat, humidity, and stress make this disorder worse, gloves are usually not very helpful.

Gloves can actually contribute to hand dermatitis, not just by occluding the sweat glands but also by causing a true allergy, frequently to latex (see the manuscript in this Special Issue on Latex Sensitivity).

Superpotent topical steroids, while very helpful for short periods, can cause atrophy if used for prolonged treatment.

What else can be done? I usually do not patch test all of my hand eczema cases; only the ones that do not respond to treatment. Protective barrier creams may be useful.

There are many products such as SBR Lipocream, Proteque, Armadillo, Pro-Q or Preen that are especially beneficial for nurses, dishwashers, cooks, bartenders, and some housewives. I direct the patient to apply the SBR (Skin Barrier Repair) Lipocream or other protectant three or four times daily. Short courses of Class I (the superpotent steroids) are okay for a week or two. Then reduce the potency to a mid-potency strength, and subsequently to a lower, weaker topical steroid.

Short courses of oral steroids are also excellent in difficult cases. But, watch out for all those samples your husband brings home. Over-treatment can make your condition worse!

Norman Goldstein MD, Editor



Special Commentary

Salvaging a community treasure at UH by Max G. Botticelli MD

The John A Burns School of Medicine is a casualty of the war of words that so often replaces rational decision-making in the political process.

While actively recruiting a dean for the school of Medicine, University of Hawaii President Kenneth Mortimer, decrying a lack of support for the school, suggested a plan to the UH Board of Regents that no new students be admitted. He later insisted that he would not stop admissions.

Gov. Ben Cayetano, recognizing the need for a medical school if the state is to have a viable health care industry, suggested that the school be privatized and that the funding for this new institution be obtained from a Mainland institution. The reiterative message from UH regent Ah Quon McElrath ignores the value of this institution to our community while overstating the relative value of the School of Public Health.

Is it any wonder that two candidates for dean have turned down substantial offers to leave their posts at Yale and University of California at San Francisco? Whether calculated or not, the effect of these words was to damage the reputation of the School of Medicine and jeopardize its existence as a part of the University of Hawaii.

If we are to salvage this community treasure, the public statements intended to manipulate the political process must stop and be replaced by rational planning. Part of that planning should be to consider a medical school outside the University of Hawaii.

The John A. Burns School of Medicine exists today because its namesake, the late Gov. John A. Burns, realized the importance of educational institutions to the well-being of this community. He

visualized the medical school both as a provider of educational opportunities and as part of Hawaii's economical infrastructure. The school has fulfilled this vision well:

- It has educated physicians, most of whom were born and raised in these Islands and a number of whom are Native Hawaiians.
- It has provided residency training for many of Hawaii's practicing physicians.
- It has improved the quality of care delivered in Hawaii through its partnerships with hospitals.
- It brings medical research projects to Hawaii that would not otherwise be possible.
- It supports the good works of charitable institutions such as the Queen Emma Clinics, the Kalihi Palama Health Clinic, and the Waianae Coast Comprehensive Health Clinic.

These accomplishments alone should call for preservation of the medical school. But the school is also needed if Hawaii is to compete effectively in a competitive global health care market. Our competitors in this market include the University of California at San Francisco, Stanford University, the University of California at Los Angeles, the University of Oregon, and the University of Washington.

The faculties of each of these heavily endowed institutions are more expert at providing state-of-the-art medical care than any existing health care institution in Hawaii is, or likely to be in the foreseeable future. Furthermore, they are accessible and they provide care at a much lower cost.

If we are serious about the development of a health care industry, we must, as the Governor suggests, either partner with one or more of these institutions or build that expertise using existing Hawaii institutions as a base. In either instance a healthy and prosperous John A. Burns School of Medicine would be essential to provide the required academic, scientific and research base for such an industry.

Make no mistake, however, the school would have to be better than it is right now to provide this base effectively. To repair the damage this political babble has wrought and to set this venerable institution back on course, an aggressive and well thought-out plan is required. Such a plan is unlikely to come from the University of Hawaii.

A John A. Burns School of Medicine unencumbered by politics, a bureaucratic administrative structure, and an anachronistic tenure system would be better suited to help Hawaii develop a thriving healthcare industry. So privatizing the school makes sense.

Hawaii Pacific University has shown how a well-managed educational institution can effectively chart a course even in troubled economic times. A plan for the UH School of Medicine should consider and emulate its success.

What the Governor and the Legislature should do is continue the funding of the medical school at the present level, declare an end to any speculation about the future of the school, and begin a planning process that would include its privatization. Cayetano should set the context of the planning process by outlining its basic principles. He should insist that this new John A. Burns School of Medicine have:

- An understanding of the economics of higher education and the capability of responding to the vicissitudes of the marketplace.
- A commitment of academic freedom, the pursuit of quality and its educational mission.
- Steady and reliable funding including generous contributions from

each of the institutions that stand to gain from a global healthcare market.

- A mechanism for faculty practice to generate additional funding.
- Fiscal responsibility without micromanagement or manipulation by the funding sources.
- Subsidization by the state for the cost of training students from Hawaii, but no state subsidization for out of state and foreign students who are solely responsible for the cost of their education.
- A business plan that includes the marketing of the medical school as an educational institution for Asian students, which has proven to be successful at Hawaii Pacific University.

Health care and health care education traditionally has been considered a function of tax exempt, not-for-profit institutions. Present day economic realities have changed health care providers, for better and for worse, into bottom-line oriented businesses.

The John A. Burns School of Medicine is a valuable resource that should continue to do what it does so well: train our young men and women to be physicians. If this requires that it become bottom-line business oriented, so be it.

Let's stop the talk and start the planning.

Max G. Botticelli is Emeritus Professor of Medicine University of Hawaii John A. Burns School of Medicine

Editor's Note:

Mahalo to The Honolulu Advertiser and Dr. Max Botticelli for permission to reprint the above article. In 1964, I recall speaking with the late Dr. Harry I. Arnold, Jr. about a new medical school. We both felt that a medical school in Hawaii was not a luxury, but a necessity. There were some physicians who, for various reasons, felt the Medical School was not a good idea.

As a Clinical Professor of Medicine of Dermatology at the UH, dozens of students and residents have taken electives through my offices and many other HMA members. Those interactions benefit both student and teacher.

The Hawaii Medical Association just conducted a survey of its members about the medical school. Twelve percent were opposed, but 88 percent wanted the Hawaii Medical Association to aggressively lobby to preserve our Medical School. Max Botticelli makes an excellent case for privatization of the medical school. Hawaii and the Pacific need the John A. Burns School of Medicine with or without its connection to the University of Hawaii.



Special Contribution

Maine May OK Assisted Suicide

From the Honolulu Star-Bulletin 4/15/99,

HAWAII'S WORLD

By A.A. Smyser

The second state to approve physician-assisted suicide probably won't be Hawaii. More likely, it will be Maine. Hemlock U.S.A., which founded the national right-to-die movement in 1980, thinks chances are bright there for voter petitions to put it on Maine's November ballot next year and win.